

Lessons From the Practice

The Ill-fated Child

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*Never been lonely
Never been lied to
Never had to scuffle in fear
Nothing denied to*

PAUL SIMON, 1991

I am listening to Paul Simon's just-released album, "The Rhythm of the Saints." Primed by the joyous sound of his earlier work in "Graceland," I am eager to hear these new efforts, especially so because I need relief from a sorrowful event that is unfolding. The poignant words cling to the ebullient music in empathy with my own frame of mind.

I envy the person described by the words of the refrain because I long to be free from the burden pressing on me. The cause of my anguish is the discovery of an ill-fated infant. Midway through a pregnancy, after passing through the waves of nausea and skirting the rocks of miscarriage, a woman usually finds herself in calm waters. The swelling weight of the pregnancy has not yet begun to press relentlessly, and labor is not close enough to dampen anticipation with fear. During this lull, the realization of a mother's worst nightmare can be shattering.

In a darkened room, the image on a small video monitor jumps to life as my hand moves the sonogram's transducer over a pregnant abdomen. As the probe moves to and fro, forms begin to take shape on the screen. Every movement of the hand produces a change, like a lump of wet clay taking shape on the potter's wheel. At first the image is a scramble of black and white lines. Then form emerges. The transducer moves. It picks up an arm. The arm is moving. A hand becomes visible. It glides toward the infant's face until the thumb approaches the mouth. It is a motion that convinces any observer of the indisputable humanity of this being under scrutiny.

I stop shifting the probe when I pick up another movement, the rhythmic pulsation of a heartbeat. But there is a distended sac surrounding this tiny heart, and the mounting pressure of the fluid collecting within its confines threatens to squeeze the life out of this feeble pulse. More accumulations of fluid become visible within the membranes surrounding the lungs. It is evident that the baby has severe hydrops, to an extent that survival for much longer is unlikely.

None of this is apparent to the mother watching her infant suck its thumb while the muscle of its heart beats so vividly on the screen. I keep my eyes fixed on the monitor lest they betray this knowledge to her, at least for now. Telling a woman her baby is doomed is a grim duty, and I desperately search for some way to soften the blow.

I am afforded a narrow peak through a small keyhole into the future, and the view is gloomy. I flinch at the disillusion

that's coming and wish to be spared this prophecy. I suppose foreknowledge is forewarning, but nothing could ease this woman's reconciliation with her baby's prognosis. At the moment of confrontation, her life would be affected irrevocably. My part in this also affects me, not to any degree comparable to her affliction, but in a more insidious way. It is not my first, nor will it be my last, such encounter, and it is not given to us to know how many of these can be suffered.

After the wave of shock passes, expressions of frustration give way to weeping, and then a look of numbness comes to her face. All emotion is drained. Everything is swept bare. The only thing left to her is to seek assurance that there is some reason for such a mishap, that such a wrong must have something ultimately worthwhile about it. I suppose we need to feel that there is a logic to the universe and cannot easily accept the notion that suffering has no counterpart to even the balance. But I can offer her no such assurance.

Because the baby has scant chance of surviving much longer, my advice is to deliver it now. Although the baby might be born alive, the immaturity of the lungs and the pleuritic effusion would prevent it from breathing. To discuss the living as if they were dead is eerie. To carry out plans that will result in the death of the living is aberrantly bizarre. But this is all I can offer to tip the scales. It would spare this woman the anguish of prolonging the inevitable and harboring the thought that the commemoration of her infant's birth would be a burial.

Labor is made more tolerable by the vision of the pink, cherubic offspring that will soon lie cuddled in loving arms. Who knows what phantasms of misshapen anatomy creep into the mind of a woman in this kind of labor? The tortured mind can conceive of monstrosities more fiendish than exist. The wordless plea for relief from this terror is pitiful. And no matter what I do or say, these apparitions will return to haunt her dreams for a long time to come.

Her labor ends at night. The night brings peace. The tempo is slow. People are quiet. She does not want to look at the dead infant, but it is not abhorrent. The skin of the face is distended by edema. The swelling makes the features look so small that it is the face of a doll, all cheeks and a tiny pursed mouth. It appears to be at peace. No need to hide it in the dark. She sighs the relief of the helpless. The tranquility of the survivor comes over her face as she expresses the gratefulness of the believer. I leave the hospital at midnight, time enough left for renewal before the new day to come.

I look for solace in the mood of "The Obvious Child." A single snare drum rattles barrump-dum-dum, barrump-dum-dum, barrump-dum-dum in the cadence of a march. It is as steady as the drip, drip, drip of the intravenous fluid measuring out oxytocin in labor. The cadence breaks into a synco-

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pated beat, and then several big drums join in with a staccato in a register so low they set something vibrating deep inside. A high-pitched cry of joyous abandon sings out faintly in the distance, aroused by the tumult of the drums. A chorus of basso voices responds with a sound that has escaped from a great depth, as if set free by the booming drums.

Snare drum, bass drums call and answer in a pattern of rhythms—doleful, blissful, visceral—that inflame, that soothe. The percussive detonation of a booming drum, punctuating each phrase and fading with a barely audible vibration, tolls the extremes of life. Its resonance echoes the explosive bellow of birth and the last sigh of death. At the end, a plaintive voice joins in a high-pitched wail, and the

resolution of the mystery of life is poised at this equilibrium in the sway between good and evil.

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“Lessons From the Practice” presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their “lessons” to the series’ editors.

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